RECORD

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 18395

1. PLACE OF DEATH	Dans -
County	No. Tile No
Township Primar Registration	District No. Begistered No.
Car St Louis 110 (No. St La	Ras Hospital St. Word)
2. FULL NAME TOWN	
(a) Residence. No. 264 Lingh St.	Ward.
(Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	(If nonresident give city or town and State) da. How long in U.S., if of foreign hirth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR	
DIVORCED (write the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR) TIME 1 1992
Male while married	17.
SA. IF MARRIED, WIDOWED, OR DIVORCED	HEREBY CERTIFY, That Lattended deceased from
HUSBAND OF (OR) WIFE OF	that I last saw harmalive on first saw 19. 72 and that
3//	death occurred, on the date stated above, at 22 Pm.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17-1868	THE CAUSE OF DEATH® WAS AS FOLLOWS:
7. AGE YEARS MONTHS DATS II LESS than 1	21 1
54 — 15 day,hrs.	121 (Annes Meuxordelis
~ / / / <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</u>	13137
8. OCCUPATION OF DECEASED	93c
(a) Trade, profession, or	97 (duration) The most day
particular kind of work	CONTRIBUTORY arlena Jelini. Holercal
(b) General nature of industry, business, or establishment in	(SECONDARY) Typeleuten School heffrete.
which employed (or employer)	(dwalen) a gra. mos. ds.
(c) Name of employer	18, WHERE WAS DISEASE CONTRACTED
9. BIRTHPLACE (CITY OR COWN)	
(STATE OR COUNTRY)	IF NOT AT PIACE OF SEATHY.
1 / /	DID AN OPERATION PRECEDE DEATH! DATE OF
10. NAME OF FATHER John Curran	Was there are autosys.
11. BIRTHPLACE/OF/FATHER (CITY OR TOWN)	WHAT TEST CONFIRMED DIAGNOSTS Chure
(STATE OR COUNTRY) (STATE OR COUNTRY) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER MUSICAL Burnet	Color west France
W W	(Sidegel)
12. MAIDEN NAME OF MOTHER / Juston Dunes	June, 18 22 (Address) Newbold 13 de
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	*State the Disease Causing Drame, or in deaths from Violene Causes state
(STATE OR COUNTRY)	(1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homicidal. (Son reverse side for additional space.)
11. Pa 12 - 01 for	
INFORMANT / Mr VEGITC - A. Quirran	19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
(Address) 5641 Eunght	Mound Cuty Phs 93 \ 1912
15. mars Starneof	M. UNDERTAKER ADDRESS
Filen 19 Recipius	the Chich 1221 Janualia
	Tur Mousin 1071/100
1	· //

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If ratired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopnsumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death). 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Astheria," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.). "Dropsy," "Exhaustion," "Heart failure." "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS State MEANS OF INJURY and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid-tprobably suicide The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Norz.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, callulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.